



CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Dotson	First Name Jesse	Middle Name Charles	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 6012 Twyckenham Drive		5. FAX (Optional)		6. E-mail Address (Optional)	
7. City Indianapolis	State IN	ZIP Code 46236	8. County Marion	9. Telephone (Day) (317) 7011212	10. Telephone (Evening) (317) 7011212
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City of Lawrence Common Counsel at Large		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee to Elect Jesse Dotson					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 6012 Twyckenham Drive			15. FAX (Optional)		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46236	18. County Marion	19. Telephone (317) 7011212	20. Committee Organization Date (MM-DD-YY)
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Jesse Dotson					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 6012 Twyckenham Dr			23. FAX (Optional)		24. E-mail Address (Optional) JCDotson15@gmail.com
25. City Indianapolis	State IN	ZIP Code 46236	26. County Marion	27. Telephone (Day) (317) 7011212	28. Telephone (Evening) (317) 7011212
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Huntington Bank					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Keith Johnson			Signature of the Committee Chairperson <i>Jesse Dotson</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Keith Johnson					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 5880 N New Jersey St			35. FAX (Optional)		36. E-mail Address (Optional)
37. City Indianapolis	State IN	ZIP Code 46230	38. County Marion	39. Telephone (Day) (812) 2192648	40. Telephone (Evening) (812) 2192648

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Jesse Dotson	Signature of Chairperson <i>Jesse Dotson</i>	Date (MM-DD-YY) 1-28-15
43. Typed or Printed Name of Candidate Jesse Dotson	Signature of Candidate <i>Jesse Dotson</i>	Date (MM-DD-YY) 1-28-15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

JAN 28 2015

Myra A. Eldridge